

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) BMK-PCT-APRIL06

Box No. I TITLE OF INVENTION
VACCINE ADJUVANTS

Box No. II APPLICANT

☒ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Dr. Bakulesh Mafatlal Khamar
Cadila Pharmaceuticals Ltd.,
"Cadila Corporate Campus", Sarkhej-Dholka Road, Bhat,
Ahmedabad - 382210, Gujarat, India, Nationality, Indian.

Telephone No.
+91-02718225001-15

Facsimile No.
+91-02718225031/39

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:
IN

State (that is, country) of residence:
IN

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Mr. Indravadan Ambalal Modi
Cadila Pharmaceuticals Ltd., "Cadila Corporate Campus",
Sarkhej-Dholka Road, Bhat, Ahmedabad - 382210,
Gujarat, India, Nationality, Indian.

This person is:

☐ applicant only

☐ applicant and inventor

☒ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
IN

State (that is, country) of residence:
IN

This person is applicant for the purposes of: ☒ all designated States ☐ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☐ agent

☒ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Dr. Bakulesh Mafatlal Khamar
Cadila Pharmaceuticals Ltd.,
"Cadila Corporate Campus", Sarkhej-Dholka Road, Bhat,
Ahmedabad - 382210, Gujarat, India, Nationality, Indian.

Telephone No.
+91-02718225001-15

Facsimile No.
+91-02718225031/39

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Dr. Rajiv Indravadan Modi Cadila Pharmaceuticals Ltd., "Cadila Corporate Campus", Sarkhej-Dholka Road, Bhat, Ahmedabad - 382210, Gujarat, India, Nationality, Indian.		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: IN		Applicant's registration No. with the Office
State (that is, country) of residence: IN		
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Dr. Prasanta kumar Ghosh Cadila Pharmaceuticals Ltd., "Cadila Corporate Campus", Sarkhej-Dholka Road, Bhat, Ahmedabad - 382210, Gujarat, India, Nationality, Indian.		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: IN		Applicant's registration No. with the Office
State (that is, country) of residence: IN		
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Mr. Nirav Desai Cadila Pharmaceuticals Ltd., "Cadila Corporate Campus", Sarkhej-Dholka Road, Bhat, Ahmedabad - 382210, Gujarat, India, Nationality, Indian.		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input checked="" type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: IN		Applicant's registration No. with the Office
State (that is, country) of residence: IN		
This person is applicant for the purposes of: <input checked="" type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)
State (that is, country) of nationality: IN		Applicant's registration No. with the Office
State (that is, country) of residence: IN		
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box		
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.		

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, CH & LI Switzerland and Liechtenstein, CY Cyprus, DE Germany, DK Denmark, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> MZ Mozambique |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> JP Japan | |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> LU Luxembourg | |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MD Republic of Moldova | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> DZ Algeria | | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> EC Ecuador | | |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GD Grenada | | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> GE Georgia | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country	regional application:* regional Office	international application: receiving Office
item (1) 25 APRIL 2005	505/MUM/2005	IN		
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / US

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- ☐ Box No. VIII (i) Declaration as to the identity of the inventor
- ☐ Box No. VIII (ii) Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent
- ☐ Box No. VIII (iii) Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application
- ☒ Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America)
- ☐ Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty

1

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of Inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
 for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing; any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: 505/MUM/2005, IN, 25 APRIL 2005

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: KHAMAR BAKULESH

Residence: AHMEDABAD, INDIA

(city and either US state, if applicable, or country)

Mailing Address: Cadila Pharmaceuticals Ltd., "Cadila Corporate Campus",

Sarkhej-Dholka Road, Bhat, Ahmedabad - 38221, Gujarat, India

Citizenship: IN

Inventor's Signature: *Khamar B. M.*
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: April 18, 2006
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name:

Residence:

(city and either US state, if applicable, or country)

Mailing Address:

Citizenship:

Inventor's Signature:
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date:
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Box No. IX CHECK LIST; LANGUAGE OF FILING

<p>This international application contains:</p> <p>(a) the following number of sheets in paper form:</p> <p>request (including declaration sheets) : 8</p> <p>description (excluding sequence listing part) : 18</p> <p>claims : 2</p> <p>abstract : 1</p> <p>drawings : 6</p> <p>Sub-total number of sheets : </p> <p>sequence listing part of description (actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below) : </p> <p>Total number of sheets : 35</p> <p>(b) sequence listing part of description filed in computer readable form</p> <p>(i) <input type="checkbox"/> only (under Section 801(a)(i))</p> <p>(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (additional copies to be indicated under item 9(ii), in right column):</p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <p>1. <input type="checkbox"/> fee calculation sheet</p> <p>2. <input type="checkbox"/> original separate power of attorney</p> <p>3. <input type="checkbox"/> original general power of attorney</p> <p>4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:</p> <p>5. <input type="checkbox"/> statement explaining lack of signature</p> <p>6. <input checked="" type="checkbox"/> priority document(s) identified in Box No. VI as item(s):</p> <p>7. <input type="checkbox"/> translation of international application into (language):</p> <p>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</p> <p>9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))</p> <p>(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</p> <p>(ii) <input type="checkbox"/> (only where check-box (b)(i) or (b)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</p> <p>(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column</p> <p>10. <input type="checkbox"/> other (specify):</p>	<p>Number of items</p>
<p>Figure of the drawings which should accompany the abstract:</p>	<p>Language of filing of the international application: ENGLISH</p>	

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

Chaman B. M.

Dr. BAKULESH MAFATLAL KHAMAR

For receiving Office use only		
1. Date of actual receipt of the purported international application:	3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	2. Drawings: <input type="checkbox"/> received:
4. Date of timely receipt of the required corrections under PCT Article 11(2):	5. International Searching Authority (if two or more are competent): ISA /	<input type="checkbox"/> not received:
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid		

For International Bureau use only
Date of receipt of the record copy by the International Bureau:

PATENT COOPERATION TREATY

PCT/IB2006/000978

PCT

ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS FILED WITH THE INTERNATIONAL BUREAU AS RECEIVING OFFICE

To:

KHAMAR, Bakulesh, Mafatlal
Cadila Pharmaceuticals Ltd.
"Cadila Corporate Campus"
Sarkhej-Dholka Road, Bhat,
Ahmedabad
382210 Gujarat
INDE

<p>Date of mailing (day/month/year) 24 April 2006 (24.04.2006)</p>	<p>Facsimile No.: +91 271 822 5031/39</p>
<p>Applicant's or agent's file reference BMK-PCT-APRIL06</p>	<p>IMPORTANT COMMUNICATION</p>
<p>International application No. PCT/IB2006/000978</p>	<p>Date of receipt (day/month/year) 21 April 2006 (21.04.2006)</p>
<p>Applicant KHAMAR, Bakulesh, Mafatlal</p>	
<p>Title of the invention VACCINE ADJUVANTS</p>	

1. The International Bureau has received the document/elements listed below on 21 April 2006 (21.04.2006) by the following means: facsimile transmission

- | | | |
|-------------------------------------|---|------------|
| <input checked="" type="checkbox"/> | PCT Request | (8 pages) |
| <input checked="" type="checkbox"/> | description (excluding sequence listing and/or tables thereto) | (18 pages) |
| <input checked="" type="checkbox"/> | claims | (2 pages) |
| <input checked="" type="checkbox"/> | abstract | (1 page) |
| <input checked="" type="checkbox"/> | drawings | (8 pages) |
| <input type="checkbox"/> | sequence listing and/or tables relating thereto | |
| <input checked="" type="checkbox"/> | fee calculation sheet | |
| <input type="checkbox"/> | separate authorization to charge deposit account | |
| <input type="checkbox"/> | cheque | |
| <input type="checkbox"/> | cash (in person only) | |
| <input type="checkbox"/> | power(s) of attorney | |
| <input type="checkbox"/> | statement(s) explaining lack of signature | |
| <input type="checkbox"/> | priority document | |
| <input type="checkbox"/> | separate indications concerning deposited micro-organism or other biological material | |
| <input type="checkbox"/> | sequence listing and/or tables relating thereto in electronic form | |
| <input type="checkbox"/> | statement accompanying sequence listing and/or tables relating thereto in electronic form | |
| <input checked="" type="checkbox"/> | accompanying letter 1 | |
| <input checked="" type="checkbox"/> | form PCT/RO/198 (RO/IB) 1 | |
| <input type="checkbox"/> | PCT-EASY diskette | |
| <input type="checkbox"/> | other (specify): | |

The applicant's attention is drawn to the fact that these papers have not yet been checked by this receiving Office in respect of their compliance with the requirements of Article 11(1), that is, whether these papers meet the requirements necessary for the according of an international filing date. As soon as these papers have been checked, the applicant will be informed accordingly.

2. Additional observations (if necessary):

The applicant is reminded to furnish the original of the purported international application within 14 days of the above-mentioned date of receipt.

<p>Name and mailing address of the receiving Office International Bureau of WIPO PCT Receiving Office Section 34, chemin des Colombettes, 1211 Geneva 20, Switzerland Facsimile No. (41-22) 910 06 10</p>	<p>Authorized officer Lucia Tchougang-Palumbo Telephone No. +41 22 338 86 71</p>
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